

Town of Milton

115 Federal Street
Milton, DE 19968



www.ci.milton.de.us

Phone: 302-684-4110

Fax: 302-684-8999

Application for Business License

Pursuant to Chapter #6, of the Municipal Code of the Town of Milton, the undersigned hereby makes application for a business license for the calendar year (Calendar year is Jan 1 through Dec 31). Prior to issuance of a business license, applicant (s) **MUST** provide a current Certificate of Liability Insurance. Remittance is enclosed in the amount as per the fee schedule, payable to the Town of Milton. Mail remittance to 115 Federal St., Milton DE 19968.

Business Name: _____

Business Address: _____

Phone #: _____ Fax #: _____

Type of Business: _____

Owners Name: _____

Owners Address: _____

Phone #: _____ Owners Signature: _____

If this is a partnership, firm or association, give names, title and permanent home or business address of each member. If a corporation, give names, title and permanent home or business address of the principal officers and the state of incorporation. If additional Names are required, please note on the back of this form.

1. State of Incorporation: _____

Name: _____ Title: _____

Address: _____

2. State of Incorporation: _____

Name: _____ Title: _____

Address: _____

For Official Use only

Date Rc'd: _____ Amount Rc'd: _____ Approved By: _____